MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.   **FILING DATE**

APPLICANT(S)

CLAIMS   10/534565

CLAIMS	AS FILED IND.	AS FILED DEP.	AFTER 1ST AMENDMENT IND.	AFTER 1ST AMENDMENT DEP.	AFTER 2ND AMENDMENT IND.	AFTER 2ND AMENDMENT DEP.
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CLAIMS	AS FILED IND.	AS FILED DEP.	AFTER 1ST AMENDMENT IND.	AFTER 1ST AMENDMENT DEP.	AFTER 2ND AMENDMENT IND.	AFTER 2ND AMENDMENT DEP.
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